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Ambulance Service In Northern Alberta

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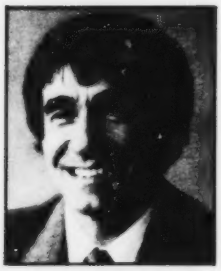
Ambulance Service In Northern Alberta

A POSITION PAPER PRESENTED TO HEARINGS
OF THE MINISTER'S POLICY ADVISORY COMMITTEE
ON HOSPITALS AND MEDICAL CARE
June, 1987

Northern Alberta Development Council 1987/88

Bob Elliott, MLA
Chairman
Beaverlodge

Hon Al "Boomer" Adair
Minister Responsible
for Northern Development
Peace River



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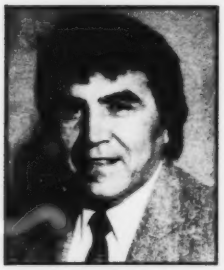

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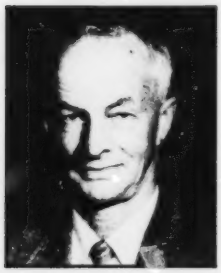

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Bonnyville

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Athabasca

Bernie Hornby
Fox Creek

Donald Keith
Fort McMurray

Ted Sonntag
Hotchkiss

Alberta
NORTHERN ALBERTA
DEVELOPMENT COUNCIL

2nd Floor, Provincial Building, 9621 - 96 Avenue, Postal Bag 900-14, Peace River, Alberta, Canada T0H 2X0 403/624-6274

June 3, 1987

The Northern Alberta Development Council is pleased to present this position paper on ambulance services in northern Alberta.

In preparation for the public hearings of the Minister's Policy Advisory Committee on Hospitals and Medical Care, the Council reviewed the major briefs it has received during the past several years as well as consulted a large number of northern residents and organizations.

Ambulance service is an integral part of an effective health care system. Because of the distances and socio-economic factors involved in northern Alberta, ambulance service must continue to be a priority for the provincial and municipal governments as well as local hospitals.

The Northern Alberta Development Council feels the conclusions and recommendations contained in this position paper address some of the major issues and concerns affecting ambulance service and policy in northern Alberta.

Bob Elliott

Bob Elliott, MLA
Chairman

NORTHERN ALBERTA DEVELOPMENT COUNCIL AREA

COMMUNITIES WITH POPULATION OVER 75 (1981 CANADA CENSUS)

PRIMARY HIGHWAY — SECONDARY ROAD — L.O.C. ROAD — RAILWAY

PRODUCED BY THE ALBERTA BUREAU OF SURVEYING AND MAPPING © 1985

INTRODUCTION

The Northern Alberta Development Council is an advisory body reporting to the Minister Responsible for Northern Development. We are charged with "investigation, planning, promotion and implementation of practical measures to foster and advance development in northern Alberta" Our area of responsibility encompasses approximately 60% of the province. There are about 250,000 citizens in our region, most of them live in smaller centres or rural areas. Many residents live some distance from any health care facility, and are therefore dependent on ambulance service for transport in the event of a health emergency. Most patients requiring tertiary care are transported outside the NADC area for treatment. The nearest major centre with tertiary care facilities is Edmonton.

Since 1973 the Council has received well over 1,700 briefs on a range of topics. This includes numerous briefs dealing with the health care system in general, and a number that specifically address the question of ambulance service. Many of these briefs suggested that ambulance service could be significantly improved.

Because of widespread interest throughout Alberta in the question of ambulance service, especially in smaller urban centres and rural areas, a Minister's Committee is holding hearings on that topic at many locations. Due to the interest expressed by many residents of the NADC area the Council has prepared this position paper for the committee.

As background to the brief, the Council commissioned I.D. Systems Ltd. to research the present ambulance service in northern Alberta. The ways in which various ambulance services operate were determined, and suggestions for improvements were solicited through direct contacts with numerous ground and air ambulance operators throughout the NADC area. This review included determining the types of equipment available, the training and qualifications of staff, the methods used to maintain patient records and to bill users, the communication systems used, and ways in which ambulance services are funded.

In addition to information collected from ambulance operators, the study reviewed applicable legislation as well as equipment and staff training guidelines developed by the Alberta Ambulance Operators Association (AAOA). The latter is an industry-wide body promoting quality prehospital care for users of ambulance services.

The facts, opinions and suggestions collected during the study were considered by the Northern Alberta Development Council in formulating the recommendations presented in this position paper.

SUMMARY OF RESEARCH FINDINGS

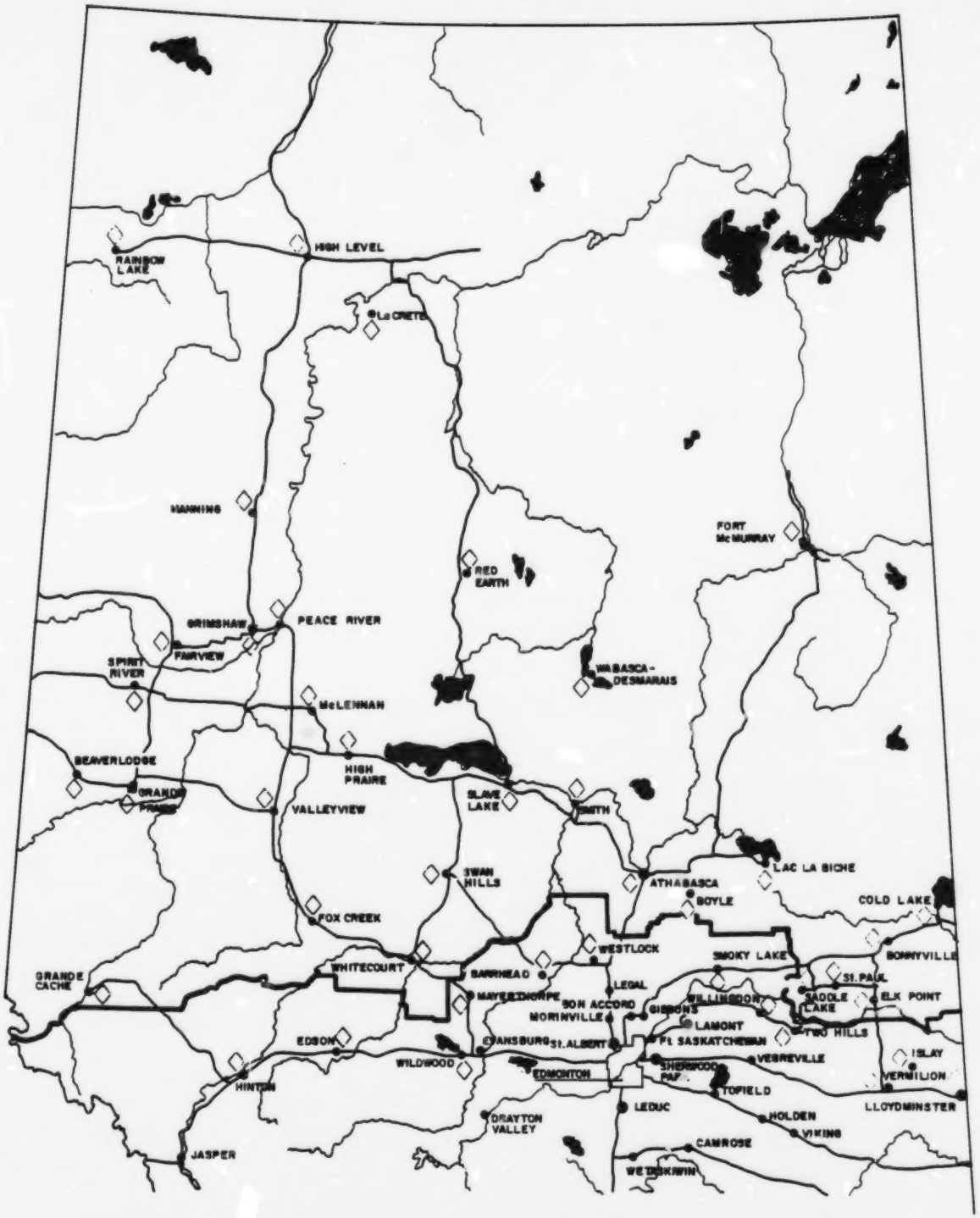
The NADC-sponsored research included telephone interviews with persons involved in various capacities in ambulance services including hospital administrators, members of hospital boards, owners of private services and air charter companies, Department of Hospitals and Medical Care personnel, and employees of ambulance services. This was supplemented by a review of applicable legislation and regulations, guidelines prepared by the AAOA, specifications for a dedicated air ambulance aircraft, briefs to the Council and other bodies, and related material.

The collected information was used to identify issues and assess the current state of service in northern Alberta. Suggestions for improvements and changes were reviewed by the NADC and recommendations were formulated.

The principal research findings were:

General

- There are numerous ambulance operations in and adjacent to the NADC area. The map on the next page shows the location of ground ambulance services.
- Air ambulance services are available throughout the region.
- There is a mixture of private, municipal and hospital-based ambulance systems in various communities in the NADC area.
- All ambulance services are controlled by local municipal authorities.
- A provincially operated ambulance service is not supported. It is generally felt that such a service would infringe on local autonomy and would be prohibitively expensive.
- In some northern communities one type of ambulance system has proven inadequate and has been replaced by another.
- In some municipal and hospital-based ambulance services, the reporting lines of authority are not always clearly defined, and this can create problems for staff.



LOCATION OF GROUND AMBULANCE SERVICES IN NORTHERN ALBERTA

AMBULANCE SERVICE ◇

Scale: 10 0 10 30 50 100
5 20 40
KILOMETRES

Date : JUNE 1, 1987

I.D. SYSTEMS LTD.

Legislative Framework

- While most respondents are comfortable with the existing legal framework, several believe the system would work more efficiently if a comprehensive Ambulance Act were enacted.

- A number of respondents indicated that there are some ambulance services in northern Alberta which are not meeting even minimum standards.

- In some areas the ambulance staff are not provided with formally prepared and adopted health care protocols. There is a potential for legal problems in such areas, depending on the procedures ambulance staff use or do not use.

Funding and Insurance

- Ground ambulance services are largely funded by user fees. Few northern operators receive any substantial amount of funding from municipal sources.

- The provincial government pays all costs associated with air ambulance services.

- Most ambulance services charge fees in accordance with the guidelines published by the AACA, Blue Cross or the provincial government department paying for the service.

- The variety of ways in which a user may be billed for ambulance services causes problems for some operators.

- Some of the billing problems could be eased by standardizing the way in which in-patient and out-patient users are charged. Adjustments in the way in which hospitals handle admittance and transfers could achieve the same results.

- Some ambulance services have difficulty dealing with private insurance companies, especially when a user has insurance through more than one company.

- Some northern ambulance operators have particular difficulty collecting from uninsured motorists.

- It is often difficult or time-consuming to collect from non-resident users.

- Slow payment of claims by some provincial agencies is reported to be a major problem, especially for some air ambulance services. Certain agencies commonly take more than three months to pay bills, and this can cause cash flow problems for the company providing the service.

Equipment

- The equipment carried by each ambulance is often not interchangeable with that on other ambulances.

- Non-interchangeability of equipment is not considered to be a major problem.

- There have been instances when an ambulance was not available due to mechanical problems, or when an ambulance was away on a trip. Such incidents are rare.

Staff Training

- Staff with northern ambulance operators range from volunteers with only basic first aid training to professional paramedics.

- Most operators require that their staff meet the minimum qualifications mandated by the AAOA and the Health Disciplines Act. However, it appears that some northern operators hire staff with no formal first aid training.

- Operators generally assist staff with the cost of maintaining or upgrading their qualifications. Initial training is usually the responsibility of the individual.

- Volunteer ambulance staff may encounter problems in attending the appropriate training courses, due to conflicts with work and family commitments. This is particularly so when courses are only available at long intervals in widely separated locations.

- Due to the distance between communities and the low number of interested persons it is often difficult to provide advanced training courses for ambulance staff.

- The computer-assisted courses offered by the Southern Alberta Institute of Technology (SAIT) help overcome the distance problem. It is, however, still difficult to arrange the needed practical training experiences.

- Some ambulance service administrators are reluctant to push volunteers to upgrade their qualifications beyond the basic level. There is concern that doing so would cause the volunteers to withdraw, and many services could not operate without them.

Ambulance Dispatch

- All ambulances are equipped with at least one type of voice communication system. Many have both a radio and a mobile telephone.

- There are deficiencies in some radio systems. Some of these, such as those resulting from a lack of additional base station receivers, could be resolved quickly at relatively low cost. Other deficiencies result from local geography, and would be either difficult or very expensive to overcome.

- None of the northern operators reported problems in responding to calls that resulted from difficulties with the communication systems.

- Even where volunteers must be called in to man an ambulance it is usually less than five minutes from the time a call is received until a vehicle is dispatched.

- There are occasional communication problems when an ambulance transports a patient outside its usual service area. This situation can be remedied if operators standardize their frequencies.

Records and Statistics

- There is no standardized recording form, but many of the northern operators use a Patient Care Report Form from the Edmonton Ambulance Authority.

- The statistics that are kept and the uses they are put to vary widely.

- Because of the lack of a centralized record-keeping system, there is no way to determine what level of service is delivered in various parts of Alberta.

ISSUES AND RECOMMENDATIONS

1.0 Legislative Framework

At present, regulations governing ambulance services are contained in a number of pieces of legislation, ranging from the Health Disciplines Act to the Highway Traffic Act. Most people who have worked for an ambulance service in a professional capacity for any length of time have learned to deal with the complex web of statutes and regulations that must be adhered to. However, the present mix can be confusing for inexperienced persons, especially non-professionals. This has the potential to create legal difficulties for some participants in the ambulance system.

RECOMMENDATION 1.1

The Northern Alberta Development Council recommends that the provincial government enact a comprehensive Ambulance Act as quickly as practical. Until a new Act can be adopted, a guide to the operation of an ambulance system should be prepared and distributed. The guide should be in non-technical language and it should clearly indicate which Acts and regulations apply to which aspects of ambulance operations, and what each Act/regulation means to an operator or a user.

At present, local municipalities are authorized to operate or subsidize ambulance services within their jurisdiction. They can provide as much or as little financial assistance as they wish. In most cases, the ambulance is located in the town or rural area being served, and is often staffed by local residents.

RECOMMENDATION 1.2

The Northern Alberta Development Council recommends that delivery of ambulance services remain a local responsibility, subject to services meeting provincially-mandated minimum standards.

2.0 Funding and Insurance

At present, most northern ground ambulance operators derive the great majority of their revenue from user fees. Few of them receive substantial amounts from municipal subsidies. Depending on the circumstances in which a person needs a ground ambulance, the cost may be picked up by the local hospital (if the patient is admitted and then transferred), an insurance program like Blue Cross, or the patient himself. In contrast, the province picks up all air ambulance costs.

A patient is responsible, either directly or through an insurance plan, for the cost of transport from the place an accident or health emergency occurs to the admitting hospital. However, the patient may not be admitted to the nearest hospital if the attending physician determines the patient can be better treated at another facility. He may order the patient to be transported there instead of admitting him.

The patient has little say and probably no choice in this decision. However, it can easily cost the patient hundreds of dollars. At the same time, if the physician admits the patient and then transfers him, the transferring hospital is responsible for the bill. In a time of tight budgets for both individuals and hospitals, there are obviously strong forces influencing a doctor's decision on admitting or transferring a patient.

RECOMMENDATION 2.1
The Northern Alberta Development Council recommends that the cost for inter-hospital transfers, both in-patient and out-patient, be borne by the hospital transferring the patient. It is recognized that this may require increases in hospital grants through the medical care programs.

When a patient has been transported, the ambulance service may have difficulty in collecting the bill, especially if the patient himself is billed. However, there can also be problems in collecting from private insurance companies when a patient has coverage through two or more plans. At times, each company may insist the bill is the responsibility of the other, leaving the ambulance service without payment.

RECOMMENDATION 2.2

The Northern Alberta Development Council recommends that private insurance companies be required to pay an ambulance bill and then to determine which company is responsible for the exact proportions of the bill. Initial payment shall be on the basis of equal shares for each company.

Some provincial agencies, but not all, are reported to be very slow in paying for ambulance services. It is not uncommon for bills sent to those agencies to be outstanding for several months even when all the paperwork is in order. If there is an error in the paperwork, payment may take half a year. Other provincial agencies, by contrast, commonly process all claims in less than 60 days.

RECOMMENDATION 2.3

The Northern Alberta Development Council recommends that the provincial government streamline the payment of bills for ambulance services, so that all claims are settled within two months of receipt.

There have also been delays in receiving payment from other provinces and countries when one of their residents is injured in Alberta.

RECOMMENDATION 2.4

The Northern Alberta Development Council recommends that the provincial government reach agreements with all other provinces, and implement procedures based on those agreements to ensure prompt payment of ambulance bills.

3.0 Equipment and Standards

The Motor Transport Act currently recognizes two classes of ambulance service. Class A service is to be delivered in the major urban areas of Calgary, Edmonton and Lethbridge, while Class B service is to be delivered elsewhere in the province, including the NADC area.

Class A service requires a minimal standard of training and equipment. Calgary and Edmonton have chosen to fund a much higher level of service.

Standards for Class B are effectively at the discretion of local authorities. There is no minimum level of equipment or training required under the present Class B regulations. As a consequence, ambulance services in northern Alberta vary widely. Most local authorities use the guidelines prepared by the AAOA, while others are what many would call sub-standard.

RECOMMENDATION 3.1

The Northern Alberta Development Council recommends that a consistent minimum standard be required for all Class B ambulances. The current AAOA standard for Emergency Response Units is suggested for adoption as the new minimum.

There are instances where services that serve wide areas have been adversely impacted when a competing service is established to serve only a small section of that area, one with a relatively high population density. Services have also been adversely affected by competition from operators using vehicles with less equipment and staff that are not as well trained.

RECOMMENDATION 3.2

The Northern Alberta Development Council recommends that local municipalities retain their present right to designate exclusive service areas for ambulance services. The right to require more than minimum standards of equipment and training should also be retained.

There are suggestions that sub-standard ambulance services exist in some areas. Complaints were frequently voiced that sub-standard services may endanger the health of patients, most of whom have no way of determining in advance if a service meets standards.

RECOMMENDATION 3.3

The Northern Alberta Development Council recommends that the provincial government take immediate steps to ensure compliance with all regulations governing ambulance services in Alberta.

At present, St. John's Ambulance and the Red Cross offer a selection of first aid training courses. Some courses are offered cooperatively through other agencies or private groups. Such courses commonly require from 20 to 100 hours of instruction, depending on the type of training being given. Specialized courses are available only occasionally, but basic first aid courses are available at fairly regular intervals at many locations around the province. The costs for most courses are less than $100.

Specialized ambulance attendant (EMT-A) and paramedic (EMT-P) courses are available from only a few institutes, including the Alberta Vocational College, NAIT and SAIT. They are offered only occasionally at a few locations. SAIT has a computer-delivered module that is more widely available. The content of all these courses meets the requirements of the EMT certification board established under the Health Disciplines Act. Some EMT courses require several weeks to complete, and cost hundreds of dollars. Most courses provide good theoretical instruction, but only limited practical training.

RECOMMENDATION 3.4

The Northern Alberta Development Council recommends that the provincial government develop programs to deliver training and upgrading courses for ambulance personnel at regular intervals throughout northern Alberta.

Currently, ambulance services are free to select the type of radio and the frequencies they wish to use. The AAOA recommends that all use the provincial ambulance frequency (158.76), but not all do. Some services use mobile telephones frequently. In some hospitals, the base station is located in an area that is not staffed at all times. There are some parts of the NADC area where topography and distance make normal radio communication difficult, at best.

All these conditions have the potential to create problems. Non-matching frequencies may mean that an ambulance is able to communicate only with its base. If an ambulance travels outside its normal service area it will be unable to advise the receiving hospital of its approach. Where radios are unattended, communication is at best slowed down, and possibly prevented. Where local geography prevents communication, calls for additional assistance or information cannot be made.

RECOMMENDATION 3.5

The Northern Alberta Development Council recommends that all ambulance services be required to have a radio using the designated ambulance frequency of 158.76.

RECOMMENDATION 3.6

The Northern Alberta Development Council recommends that all hospitals be equipped with sufficient base station units and ensure that staff is available to operate them.

RECOMMENDATION 3.7

The Northern Alberta Development Council recommends that the provincial government investigate methods for ensuring complete coverage of all areas of northern Alberta with a reliable radio communication network for use by ambulances.

Many of the ambulance services in northern Alberta rely heavily on dedicated volunteers to act as ambulance drivers and attendants. These volunteers are the backbone of many services, but recruiting and retaining them presents problems for many areas. There are particular concerns that increasing the qualifications required for volunteers could lead to a loss of many volunteers.

The provincial government and other agencies have developed effective volunteer management programs in some areas. Many of these programs include volunteer recognition components. However, it appears that ambulance service administrators in the NADC area have made only limited use of such programs.

RECOMMENDATION 3.8

The Northern Alberta Development Council recommends that the provincial government adapt volunteer management programs such as those developed by Alberta Recreation and Parks for use by ambulance service administrators. These programs will be used to recruit, encourage and retain volunteer attendants in rural ambulance services.

4.0 Ambulance Dispatch

At present, each ambulance service has its own telephone number and dispatching system. This can create situations in which a call could have been handled more quickly by an ambulance from a neighboring area. It has been suggested that service could be made more efficient through the use of a centralized dispatch system.

Operation of such a system would require that each service keep the dispatch office continually advised of the location and status of each ambulance. Since the condition of roads would have a bearing on the selection of an ambulance, the office would need this information too. A centralized service would also require a standardized number for residents to call (e.g. 1-800 or Zenith service).

Instituting such a service would be costly, and it would likely encounter operational problems. Telephone services alone would probably cost hundreds of dollars each month. Staffing would likely cost several thousand dollars each month.

There would be difficulties in keeping records of vehicle locations and road conditions current. Since many of the ambulance services in the NADC area rely on staff/volunteers who are on-call outside of normal business hours, the local contact networks through which on-call personnel are alerted would have to be maintained.

RECOMMENDATION 4.1

The Northern Alberta Development Council recommends that the present system of local dispatch systems be retained. The provincial government should assist local services to coordinate activities within their regions to ensure that all calls are handled as efficiently as possible.

5.0 Air Ambulance

The present system includes air evacuation of seriously injured or ill patients to hospitals providing secondary or tertiary care. Attendants are usually provided by the ambulance service or hospital, while aircraft and flight crews are provided by a local charter company. Most of the larger centres in northern Alberta have suitable aircraft available for charter as air ambulances. At a few locations there are aircraft dedicated to use as

air ambulances, but most centres use aircraft that meet only minimum standards. On-board equipment may be supplemented with special portable kits suitable for the patient being transported.

Under most circumstances, an air ambulance can be ready within 30 minutes of being called. Frequently, the aircraft will be ready before the ground ambulance reaches the airport. A dedicated aircraft may be able to leave within 10 minutes of being called.

Northern charter companies state that air ambulance services are an important part of their annual revenues. They also indicate that it is unlikely that a situation would arise in which the private sector would be unable to meet medevac needs, even if several persons were involved. If one operator does not have a plane immediately available, another company almost certainly will. While uncommon, it is not unusual for one company to have two, or even three, aircraft engaged on air ambulance duty simultaneously.

It has been suggested that dedicated aircraft would improve the medical evacuation service in northern Alberta. Establishing such a service would require that a government buy planes or commit to long-term leases for specially equipped planes stationed at several bases across northern Alberta. Each plane would require three to five aircrews if it was to be immediately available at all times. There would still be a need for some charters from private operators, for those occasions on which the dedicated aircraft was in use when a second flight was needed.

RECOMMENDATION 5.1

The Northern Alberta Development Council recommends that the present system of using a few dedicated aircraft supplemented with charters from private operators be continued.

6.0 Records and Statistics

At present, no central agency collects comprehensive statistics on ambulance service. As a consequence, information is lacking on how many trips of what types are undertaken in which areas. This makes planning and evaluation difficult, and hinders attempts to determine if certain regions are more prone to certain types of use or abuse.

RECOMMENDATION 6.1

The Northern Alberta Development Council recommends that the provincial government collect comprehensive statistics on use of ambulance services throughout the province.

CONCLUSIONS

After a review of current practices, the Northern Alberta Development Council concludes that the present ambulance system could be substantially improved in a number of ways.

Most of the deficiencies identified by the Council are a result of the low population in northern Alberta and the long distances between fully equipped hospitals.

Because of the small population base in most of northern Alberta the economics of ambulance operation are marginal at best. It will be necessary for the provincial government to provide assistance and a better ambulance services framework in order to ensure that satisfactory service is available to all citizens in northern Alberta.

This assistance may take a variety of forms. The simplest actions involve adjusting billing procedures to ensure prompt payment of claims. As part of this, the provincial government should standardize the way in which patients are treated after they reach the nearest hospital.

Users of the ambulance system generally have no way to judge the quality of an ambulance service before they need it, and commonly have no reasonable alternative to using the ambulance on the scene when help is required. It is, therefore, the responsibility of government to ensure that any ambulance sent to assist a patient is of at least satisfactory quality.

Present standards allow some ambulance services to operate on the basis of what has been crudely called 'scoop-and-run'. This does not provide patients with a satisfactory level of service, and may indeed endanger the health of patients under some circumstances.

It is most important that the provincial government raise the minimum standards required to operate an ambulance service, and that the new standards be enforced. Improved standards should be included as part of a comprehensive new Ambulance Act.

The Council strongly supports continued local control over ambulance systems in northern Alberta. Local control allows municipalities to restrict competition in the ambulance business in northern Alberta, due to the marginal economics of such services. If unrestricted competition was to be permitted, the service providing the lowest cost would be the

successful operation. Unfortunately, most of the expenses involved in providing ambulances relate to the cost of the vehicle and of hiring qualified staff. Thus, the lowest cost operation is often the lowest quality operation.

In those parts of the NADC area with a relatively large population it will continue to be sufficient for municipal councils to declare exclusive service zones for specific ambulance operations. Subsidies may continue to be required, but the per capita amounts will likely be small. In areas where fewer residents are distributed over much larger areas, the costs of operating a good quality ambulance service, even without competition, may be higher than can be reasonably covered by the local government.

There will always continue to be a need for volunteers in the ambulance system throughout much of northern Alberta. The present system provides adequate care, but it could be substantially better if the skills of volunteers were improved and if the supply of volunteers was more certain. Such problems are region-wide, and cannot be adequately dealt with on a local level. The provincial government can help the ambulance services by improving the delivery of ambulance attendant training programs and by assisting with volunteer management training programs for administrators.

The Northern Alberta Development Council recognizes that it is not practical to expect ambulance response times in rural areas to approach those common in major urban areas. However, the Council firmly believes that all Albertans are entitled to quality health care from any ambulance called to assist them. The recommendations contained in this position paper are not costly and are intended to help achieve that goal.